ST. COLETTA OF WISCONSIN, INC. - ALVERNO

W4955 HIGHWAY 18

JEFFERSON 53549 Phone: (920) 674-8349 Ownership: Non-Profit Corporation Operated from 1/1 To 12/31 Days of Operation: 365 Highest Level License: FDDs Operate in Conjunction with Hospital? Operate in Conjunction with CBRF? Title 18 (Medicare) Certified? Number of Beds Set Up and Staffed (12/31/02): Title 19 (Medicaid) Certified? Total Licensed Bed Capacity (12/31/02): 76 Yes Number of Residents on 12/31/02: 71 Average Daily Census:

Services Provided to Non-Residents	Age, Sex, and Primary Diagr	Length of Stay (12/31/02)	90					
Home Health Care Supp. Home Care-Personal Care		 Primary Diagnosis 		Age Groups 	%		7.0 22.5	
Supp. Home Care-Household Services	No				70.4	•	70.4	
Day Services		Mental Illness (Org./Psy)		65 - 74	16.9	•		
Respite Care	No	Mental Illness (Other)	0.0	75 - 84	9.9		100.0	
Adult Day Care Yes		Alcohol & Other Drug Abuse	0.0	85 - 94	2.8	* * * * * * * * * * * * * * * * * * *	*****	
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	0.0	Full-Time Equivalent		
Congregate Meals No		Cancer			Nursing Staff per 100 Residents			
Home Delivered Meals No Fract		Fractures	0.0		100.0	(12/31/02)		
Other Meals	Yes	Cardiovascular	0.0	65 & Over	29.6			
Transportation	Yes	Cerebrovascular	0.0			RNs	3.0	
Referral Service	No	Diabetes	0.0	Sex %		LPNs	6.9	
Other Services	No	Respiratory	0.0			Nursing Assistants,		
Provide Day Programming for		Other Medical Conditions	0.0	Male	43.7	Aides, & Orderlies	57.4	
Mentally Ill	No			Female	56.3			
Provide Day Programming for			100.0					
Developmentally Disabled	Yes				100.0	[
Home Delivered Meals Other Meals Transportation Referral Service Other Services Provide Day Programming for Mentally Ill Provide Day Programming for	No Yes Yes No No	Fractures Cardiovascular Cerebrovascular Diabetes Respiratory Other Medical Conditions	0.0 0.0 0.0 0.0 0.0	 65 & Over Sex Male Female	100.0 29.6 % 	(12/31/02) 	3.0 6.9	

Method of Reimbursement

		edicare itle 18			edicaid			Other			Private Pay	:		amily Care			anaged Care			
Level of Care	No.	Ŷ	Per Diem (\$)	No.	Ŷ	Per Diem (\$)	No.	0/0	Per Diem (\$)	No.	olo	Per Diem (\$)	No.	olo	Per Diem (\$)	No.	90	Per Diem (\$)	Total Resi- dents	- Of
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Intermediate				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				63	100.0	155	0	0.0	0	8	100.0	171	0	0.0	0	0	0.0	0	71	100.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depende	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	0	0.0		63	100.0		0	0.0		8	100.0		0	0.0		0	0.0		71	100.0

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Admissions, Discharges, and	1	Percent Distribution	of Residents'	Condit	ions, Services, a	nd Activities as of 12	/31/02
Deaths During Reporting Period	1						
	1				% Needing		Total
Percent Admissions from:	1	Activities of	%	As	sistance of	% Totally	Number of
Private Home/No Home Health	37.5	Daily Living (ADL)	Independent	One	Or Two Staff	Dependent	Residents
Private Home/With Home Health	0.0	Bathing	0.0		74.6	25.4	71
Other Nursing Homes	0.0	Dressing	29.6		45.1	25.4	71
Acute Care Hospitals	0.0	Transferring	53.5		21.1	25.4	71
Psych. HospMR/DD Facilities	25.0	Toilet Use	42.3		29.6	28.2	71
Rehabilitation Hospitals	0.0					25.4	71
Other Locations	37.5	******	*****	*****	*****	* * * * * * * * * * * * * * * * * * * *	*****
Total Number of Admissions	8	Continence		용	Special Treatme	ents	ଚ୍ଚ
Percent Discharges To:	1	Indwelling Or Extern	al Catheter	2.8	Receiving Res	piratory Care	2.8
Private Home/No Home Health	11.1	Occ/Freq. Incontinent	t of Bladder	43.7	Receiving Tra	cheostomy Care	0.0
Private Home/With Home Health	0.0	Occ/Freq. Incontinent	t of Bowel	29.6		tioning	1.4
Other Nursing Homes	0.0					omy Care	0.0
Acute Care Hospitals	0.0	Mobility			Receiving Tub	e Feeding	2.8
Psych. HospMR/DD Facilities	11.1	Physically Restraine	d	1.4	Receiving Mec	hanically Altered Diet	s 43.7
Rehabilitation Hospitals	0.0						
Other Locations	22.2	Skin Care			Other Resident	Characteristics	
Deaths	55.6	With Pressure Sores		0.0	Have Advance	Directives	1.4
Total Number of Discharges		With Rashes		5.6	Medications		
(Including Deaths)	9				Receiving Psy	choactive Drugs	33.8

Selected Statistics: This FDD Facility Compared to Similar Facilities & Compared to All Facilities

	This Facility		FDD cilities		All ilties	
	8 	% 	Ratio	% 	Ratio	
Occupancy Rate: Average Daily Census/Licensed Beds	94.7	83.9	1.13	85.1	1.11	
Current Residents from In-County	19.7	38.2	0.52	76.6	0.26	
Admissions from In-County, Still Residing	12.5	18.5	0.67	20.3	0.62	
Admissions/Average Daily Census	11.1	20.3	0.55	133.4	0.08	
Discharges/Average Daily Census	12.5	23.6	0.53	135.3	0.09	
Discharges To Private Residence/Average Daily Census	1.4	9.8	0.14	56.6	0.02	
Residents Receiving Skilled Care	0.0	0.0	0.00	86.3	0.00	
Residents Aged 65 and Older	29.6	15.3	1.93	87.7	0.34	
Title 19 (Medicaid) Funded Residents	88.7	99.2	0.89	67.5	1.32	
Private Pay Funded Residents	11.3	0.6	19.68	21.0	0.54	
Developmentally Disabled Residents	100.0	99.5	1.00	7.1	14.08	
Mentally Ill Residents	0.0	0.4	0.00	33.3	0.00	
General Medical Service Residents	0.0	0.1	0.00	20.5	0.00	
<pre>Impaired ADL (Mean) *</pre>	47.3	54.0	0.88	49.3	0.96	
Psychological Problems	33.8	48.2	0.70	54.0	0.63	
Nursing Care Required (Mean) *	7.0	11.3	0.62	7.2	0.98	